UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SI **PURSUANT TO REGUI SECTION 4(6), AN** UNIFORM LIMITED OFFERI

ONDALL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden bours

Estimated average burden hours per response 1.00

ECURITIES	SEC USE ONLY			
LATION D, D/OR NG EXEMPTION	Prefix DATE RE	Serial		

Name of Offering (□ check if this is an amendment and name has changed, and indicate change.)					
Arche Fund, Ltd.					
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 X Rule 506 ☐ Sec	tion 4(6) 🛮 ULOE 🥢 🥇				
	(
Type of Filing: X New Filing □ Amendment					
A. BASIC IDENTIFICATION	DATA				
Enter the information requested about the issuer					
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Arche Fund, Ltd. (the "Fund")					
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)				
c/o BISYS Hedge Fund Services Limited, Hemisphere House, 9 Church Street, Hamilton HM 11,	(441) 295-9166				
Bermuda					
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)				
(if different from Executive Offices)					
Brief Description of Business					
Investment in Arche Master Fund, L.P. (the "Master Fund")					
Type of Business Organization					
□ corporation □ limited partnership, already formed X other (please specify): a mutual fund company					
☐ business trust ☐ limited partnership, to be formed	0000				
Month Year	PROCESSED				
Actual or Estimated Date of Incorporation or Organization: 0 1 0 4	X Actual □ Estimated				
111 20 000					
Turisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: F N					
CN for Canada; FN for other foreign jurisdiction)					
GENERAL INSTRUCTIONS	FINANCIAL				

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02) 21746328v1

• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;									
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and									
Each general and it	nanaging partner of	partnership issuers.							
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	X Director	☐ General and/or Managing Partner				
Full Name (Last name first, i Robinson, Kenneth E.T.	f individual)								
Business or Residence Address c/o Appleby Spurling Hunter,									
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	X Director	☐ General and/or Managing Partner				
Full Name (Last name first, i Caton, Stephen	f individual)								
Business or Residence Addres c/o BISYS Hedge Fund Service			, Hamilton HM 11, Bermud	a					
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, i	f individual)								
Business or Residence Address	s (Number and Stre	eet, City, State, Zip Code)							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, it	findividual)								
Business or Residence Address	s (Number and Stre	eet, City, State, Zip Code)							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if	individual)								
Business or Residence Addres	s (Number and Stre	et, City, State, Zip Code)							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if	individual)								
Business or Residence Addres	s (Number and Stre	et, City, State, Zip Code)							
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if	individual)								
Business or Residence Address	s (Number and Stre	et, City, State, Zip Code)							
									

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Enter the information requested for the following:

Each promoter of the issuer, if the issuer has been organized within the past five years;

													Yes No
1. Has t	he issuer sole	i, or does th	ne issuer int	end to sell,	to non-acci	redited inve	stors in this	offering?.				•••••	🗆 X
				Ans	swer also ir	Appendix	, Column 2,	if filing un	der ULOE.				
2. What	is the minim	num investn	nent that wi	Il be accept	ed from an	y individua	1?		••••				\$ 5,000,000*
* The Boar	d of Director	rs may acce	pt subscript	ions in less	er amounts								
													Yes No
3. Does	the offering	permit joint	ownership	of a single	unit?								Х 🗆
	the informat	-											
solici regist	tation of pure	chasers in c SEC and/o	onnection wor with a sta	vith sales of te or states,	f securities list the nar	in the offer ne of the br	ing. If a per oker or dea	son to be li	sted is an as	sociated pe	erson or age	ent of a brok	
Full Name	(Last name	first, if indi	vidual)					**					
Not applica	ible.												
Business or	· Residence A	Address (Nu	imber and S	treet, City,	State, Zip	Code)			<u> </u>				
Name of A	ssociated Bro	oker or Dea	ler						 -				
States in W	hich Person	Listed Has	Solicited or	Intends to	Solicit Purc	hasers							
	k "All States												☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name	(Last name fi	rst, if indiv	idual)										
					~ ~ ~								
Business or	Residence A	iddress (Nu	mber and S	treet, City,	State, Zip (Code)							
Name of As	sociated Bro	ker or Deal	er										
	hich Person I												
•	k "All States												☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
(IL) (MT)	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name				[]	[]							[- · · ·]	
Business or	Residence A	ddress (Nu	imber and S	treet, City,	State, Zip	Code)							
Name of As	sociated Bro	ker or Deal	er										
States in WI	nich Person I	isted Has S	Solicited or	Intends to S	Solicit Purc	hasers					 ,		
	c "All States'							***********					☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
เหม	ISC1	[CD]	[TN]	[TX]	II IT I	IVTI	[VA]	(WA)	IWVI	rwn	(WY)	(PR1	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$0	\$0
	Equity	\$200,000,000*	\$48,000,000
	X Common		
	Convertible Securities (including warrants)	\$0	\$0
	Partnership Interests	\$0	\$0
	Other (Specify)	\$0	
	Total	\$200,000,000	
	* Aggregate amount of subscriptions sought for the Fund and an affiliated feeder fund also investing in the Master Fund. Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines.		
	Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	5	\$48,000,000
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
		Type of Security	Dollar Amount Sold
	Type of offering		
	Rule 505		
	Regulation A		\$
	Rule 504		\$
	Total		
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	,,	X \$*
	Printing and Engraving Costs		X \$*
	Legal Fees		X \$*
	Accounting Fees		X \$*
	Engineering Fees.		X \$0*
	Sales Commissions (specify finders' fees separately)		X \$0*
	Other Expenses (identify)		X \$0*
	Total		X \$*
* (Offering expenses will be naid by the Master Fund		

4 of 8

υ.	response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$200,000,000					
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.							
		Payments to Officers, Directors, & Affiliates	Payments To Others					
	Salaries and fees	X \$2,000,000*	□\$					
	Purchase of real estate	□\$	□\$					
	Purchase, rental or leasing and installation of machinery and equipment	□\$	S					
	Construction or leasing of plant buildings and facilities	□\$	□\$					
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□\$	□ \$					
	Repayment of indebtedness	□ \$						
	Working capital	□ \$ ·						
	Other (specify): Investments	X \$198,000,000	□\$					
		□\$	□\$					
	Column Totals	X\$200,000,000	□\$					
	Total Payments Listed (columns totals added)	X\$200,000,000						
	D. FEDERAL SIGNATURE							
The	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed	inder Rule 505, the follo	wing signature constitutes					
an i	andertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its accredited investor pursuant to paragraph (b)(2) of Rule 502.							
Issı	ner (Print or Type) Signature	Date	6 054					
Arc	he Fund, Ltd.	911	1 JULY 2004					
	ne of Signer (Print or Type) Title of Signer (Print or Type)							
Keı	nneth E.T. Robinson Director							

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

^{*} Estimate of 12 months' management fee assuming capital commitments in the amount of the Aggregate Offering Price.